

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
1	X	X				
2	X	X				
3	X	X				
4	X	X				
5	X	X				
6	X	X				
7	X	X				
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TOTAL IND.	1					
TOTAL DEP.	2					
TOTAL CLAIMS	3					

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